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Division of Corporations

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RECEIVES

COR AMND/RESTATE/CORRECT OR O/D RESIGN E STORE WHOLESALE INC.

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COVER LETTER

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: E STORE WHOLE	ESALE INC.	
DOCUMENT NUMBER: P19000030307		
The enclosed Articles of Amendment and fee are suf	bmitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
	Name of Contact Person	
FILE RIGHT LLC		
	Firm/ Company	
5314 16TH AVENUE, SUIT	E 139	
4-wv 	Address	· · · · · · · · · · · · · · · · · · ·
BROOKLYN, NY 11219		
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For further information concerning this matter, pleas	se call:	
Rachel	at (718	& Daytime Telephone Number
Name of Contact Person	Area Code	& Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Departi	nent of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division Clifton B 2661 Exe	ent Section of Corporations

Articles of Amendment to Articles of Incorporation of

E STORE WHOLESALE INC.			
(Name o	f Corporation as currently f	lled with the Florida Dept. of State)	
P19000030307			
<u> </u>	(Document Number of C	orporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Flo	orida Profit Corporation adopts the followi	ing amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc." or "Co	" "company," or "incorporated" or the o". A professional corporation name mus A."	abbrevlation I contain the
B. Enter new principal office address, (Principal office address MUST BE A S			
C. Enter new mailing address, if appliation of the control of the			· · ·
D. If amending the registered agent an new registered agent and/or the new		is in Florida, enter the name of the	<u> </u>
new registered agent and/or the nev	YEHUDA MOSKOVITZ		***
Name of New Registered Agent	- TEHODA MOSKO VIII		
	(Florida street	ı address)	_
New Registered Office Address:		, Florida	
	(C	Tity) (Zi _j	p Code)
	hanging Registered Agent; ered agent. I am familiar wit /s/ Yehuda Moskovitz	th and accept the obligations of the position	t.
	Signature of New Reg	sistered Agent, if changing	_

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PI	John Doe	
X Remove	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
!) Change	S	ASHER BLUMENBERG	6601 LYONS ROAD, SUITE E7
Add			COCONUT CREEK, FL 33073
X Remove			
2) Change	s	CHAIM SHMIEL GROSS	6601 LYONS ROAD, SUITE E7
Add			COCONUT CREEK, FL 33073
X Remove			
3) Change	P	YEHUDA MOSKOVITZ	182 LYNCH STREET
X Add			BROOKLYN, NY 11206
Remove			
4) Change	S	YOEL MOSKOVITZ	21 CHEVRON ROAD
X Add			MONROE, NY 10950
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (If not applicable, indicate N/A)	
provisions for implementing the amendment if not contained in the amendment itself:	
provisions for implementing the amendment if not contained in the amendment itself:	
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fax reference H19000354484 3		
The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voiling group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
12/5/19 Dated		
Signature /s	/ Yehuda Moskovitz	
(By a d selecte	rector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	YEHUDA MOSKOVITZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	